

2010-134-A

225963

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☒ CLEC ☐ ILEC ☐ Wireless**CERTIFICATED COMPANY INFORMATION**

Midwestern Telecommunications, Inc.

Company Name

FEIN/SSN

MTI

708-679-5060

Dba/fka

Telephone #

65 E 16th Street

Mailing Address

Chicago Heights, IL 60411

City, State, Zip Code

Same as above

Business Location

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent:

Mailing Address:

City, State, Zip Code:

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.

General Manager (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

B.

Customer Relations /Complaints Representative (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C1.

Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C2.

Customer Contact (Toll Free Number)

D.

Engineering Operations (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

E.

Test and Repair (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

RECEIVED

SEP 15 2010

PSC SC
CLERK'S OFFICE

F.

Emergencies (During non-office hours)

Telephone Number

Facsimile Number

E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G.

Regulatory Officer (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

H.

Dual Party Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

Universal Service Fund Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

K.

Billsoft Attn: Jeremy Leach

Gross Receipts Mailings (Name)

10100 W 87th Street, Suite 200, Overland Park, KS 66212

Mailing Address

913-859-9674 x328

913-438-9260

jleach@billsoft.com

Telephone Number

Facsimile Number

E-mail Address

L.

Lifeline Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

This form was completed by (print name)

Arlee Holt
Dir of Operations
Title

Signature

Arlee Holt
9/15/10
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

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